

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

August 16, 2023

Tawnya Ebels Prevailing Grace, LLC 292 E Falmouth Rd Falmouth, MI 49632

RE: License #: AM570413567

Quiet Creek East 292 E Falmouth Rd Falmouth, MI 49632

Dear Ms. Ebels:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

Brene O Messen

Bureau of Community and Health Systems

Suite 11

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AM570413567

Licensee Name: Prevailing Grace, LLC

Licensee Address: 292 E Falmouth Rd

Falmouth, MI 49632

Licensee Telephone #: (231) 826-0020

Licensee Designee: Tawnya Ebels

Administrator: Tawnya Ebels

Name of Facility: Quiet Creek East

Facility Address: 292 E Falmouth Rd

Falmouth, MI 49632

Facility Telephone #: (231) 826-0020

Original Issuance Date: 03/07/2023

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	08/15/2	2023	
Date	e of Bureau of Fire Services Inspection if app	licable:	07/13/2023	
Date	e of Health Authority Inspection if applicable:		02/28/2023	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		4 8	
•	Medication pass / simulated pass observed?	'Yes ⊠]No □ If no, explain.	
•	Medication(s) and medication record(s) review	ewed? Y	∕es ⊠ No □ If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ea	xplain.		
•	Fire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [• ,		
•	Incident report follow-up? Yes \boxtimes No \square If	no, expl	ain.	
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?	_	CAP date/s and rule/s:	
•	Variances? Yes ☐ (please explain) No ☐	N/A		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On August 15, 2023, I conducted an exit conference with Licensee Designee Tawnya Ebels. I explained my finding as noted above. Ms. Ebels noted that she understood and had no further questions, or information to provide, pertaining to this renewal inspections.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

Brene O Hasier August 16, 2023

Bruce A. Messer Date

Licensing Consultant